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**** CONTINUING DATA *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Verified and Acknowledged	<input checked="" type="checkbox"/> /LEANA POPA/ Examiner's Signature			Initials	UNITED KINGDOM	16	39	4

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TITLE

Stem Cells

FILING FEE RECEIVED 3340	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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